

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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NOTE: This is a public document.

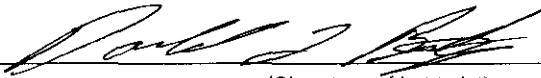
LOBBYIST REGISTRATION FORMSTATE OF HAWAII
STATE ETHICS COMMISSION

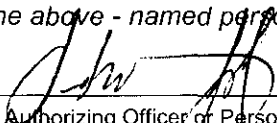
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Bentz	Donald	L	808-221-0799
MAILING ADDRESS (Street)			FAX
Post Office Box 11444			EMAIL
			don@equalityhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Equality Hawaii			808-221-0799
MAILING ADDRESS (Street)			FAX
Post Office Box 11444			EMAIL
			don@equalityhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Equality Hawaii			808-221-0799
MAILING ADDRESS (Street)			FAX
Post Office Box 11444			EMAIL
			don@equalityhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Donald L. Bentz			808-221-0799
MAILING ADDRESS (Street)			FAX
Post Office Box 11444			EMAIL
			don@equalityhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>LGBT equality</u>

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	<u>11-21-12</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Josh Frost		Co-Chair
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Equality Hawaii		808-371-9334
MAILING ADDRESS (Street)		FAX
Post Office Box 11444		EMAIL
		josh@equalityhawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96828
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		<u>11/26/12</u>
(Signature of Authorizing Officer or Person Represented)		(Date)